

COUNTY OF SAN DIEGO DEPARTMENT OF PLANNING AND LAND USE: Zoning CONDITION SATISFACTION RESUBMITAL FORM

Project Name: Project Number:							
							Has T
Point of Contact:				Phone ()			
Addre	ss						
City				State	Zip_		
Applic	ant's E-Mail Address:						
<u>The</u>	following are requi	red attachm	ents to	the Conditio	n Satisfaction Res	ubmital Form:	
	Evidence of compliance with Condition (Please refer to the condition(s) language for specific evidence that will be required in order to satisfy the condition(s).						
	If the proposed condition(s) have not been highlighted, the submittal cannot be accepted.						
	List the Condition Numbers:						
Customer Comments:							
Print or type Name						Signature	
		F	OR DEP	ARTMENT USE	ONLY		
FOR QUESTIONS CONTACT PERMIT COMPLIANCE COORDINATOR, (858) 694-3011							
Kiva	Project Number:						
	s a FEE Account?	YES	NO	П			
				KIVA ACCOUNT	u		
	s a Deposit Account? nician Comments:	YES			Ŧ		
100111	meium comments.						
Techi	nician Name	Date					

DPLU-242 (11/09)